



Cheyenne Regional Medical Center

214 EAST 23RD STREET
CHEYENNE, WY 82001

307-634-2273
www.crmcwyo.org

Date: August 31, 2021
To: Mrs. Latischa Hanson,
NRC Region IV
Re: NRC License 49-01380-01

Please add Doctor Abdelhadi Rifai, M.D. to Cheyenne Regional Medical Centers RAM License, NRC 49-01380-01. I am requesting 35.100 and 35.200 authorization. I am enclosing a copy of Dr. Rafai's Preceptor's verified statement of eligibility following Dr. Rafai's work at Advocate Lutheran General Hospital.

Thank you for your assistance with this important matter.

J. Michael Seamon, M.S., DABR

Cheyenne Regional Medical Center, R.S.O.

Advocate Lutheran General Hospital Program

1775 W. Dempster Street Suite B-01
Park Ridge, IL 60068

Date: 09/25/2020

To: Certification Board of Nuclear Cardiology

Dr. Abdelhadi Rifai, M.D. has completed training and/or experience that meets the requirements for Level 2 as outlined in the ACC Core Cardiovascular Training Statement (COCATS) 4 Task Force 6: Training in Nuclear Cardiology, revised 2015.

Dr. Rifai completed Level 2 nuclear cardiology training between the dates of 07/02/2018 and 09/24/2020.

I attest that Dr. Rifai has satisfactorily completed the 700 hours of training and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290 (c)(1), and is able to independently fulfill the radiation safety-related duties as an Authorized User for the medical uses under 10 CFR 35.100 and 35.200.

The above-named applicant completed a minimum of 80 hours of classroom and laboratory training that meets the NRC requirements EXTERNAL to his/her fellowship. This training was taken in a course offered by Corscan, LLC and was completed between the dates of 06/08/2020 and 09/24/2020.

I attest that the above-named applicant completed hands-on laboratory training that meets the training and experience requirements of NRC 10 CFR 35.290 or Agreement State equivalent as part of his/her nuclear cardiology training and experience.

Sincerely,



Name of Preceptor: Rajaram Poludasu, M.D.

Authorized User on RAM License: IL-01152-01 Issuance State of RAM License: Illinois

Title/Relationship to Applicant: nuclear cardiology training director and preceptor authorized user

Institution: Advocate Lutheran General Hospital Program

A statement regarding COCATS Level 2 Training in Nuclear Cardiology at our institution as well as my status as preceptor or nuclear cardiology program director is on file at the CBNC Office. The training of the above-named applicant complies with all components of the statement on file.

generated by Corscan

*Copies of pdf files are not to be considered valid.

Validate at: <https://www.corscanplus.com/verifycertificatePreceptor.html>

This document is linked to issued Corscan certificate of completion number 13826

Document not valid unless accompanied by page 2 Citrix RightSignature Signature Certificate


SIGNATURE
CERTIFICATE



REFERENCE NUMBER
744D4B27-36ED-475B-A81A-32D9A859F8DE

TRANSACTION DETAILS	DOCUMENT DETAILS
Reference Number 744D4B27-36ED-475B-A81A-32D9A859F8DE	Document Name CBNC Preceptor Document
Transaction Type Signature Request	Filename corscanpreceptorletter.pdf
Sent At 09/25/2020 09:24 EDT	Pages 1 page
Executed At 09/25/2020 11:59 EDT	Content Type application/pdf
Identity Method email	File Size 29.1 KB
Distribution Method email	Original Checksum b63bfff617453f6725a4816e4509053b60859b49a56c0a5406ee06ec8e6dff550
Signed Checksum 7d7c82f41a1308aa23a4abcd49bbe83b71a574f0923b0e2f3c11c5dcd1769d8b	
Signer Sequencing Disabled	
Document Passcode Disabled	

SIGNERS

SIGNER	E-SIGNATURE	EVENTS
Name Rajaram Poludasu, M.D.	Status signed	Viewed At 09/25/2020 11:59 EDT
Email rajaram.poludasu@aah.org	Multi-factor Digital Fingerprint Checksum f1eee25edf0933c2e56e671c754ee0aa359947c3056ff4b9c90bf04f749c772d	Identity Authenticated At 09/25/2020 11:59 EDT
Components 1	IP Address 168.235.1.4	Signed At 09/25/2020 11:59 EDT
	Device Chrome via Windows	
	Drawn Signature 	
	Signature Reference ID 7F40031D	
	Signature Biometric Count 354	

AUDITS

TIMESTAMP	AUDIT
09/25/2020 11:59 EDT	Rajaram Poludasu, M.D. (rajaram.poludasu@aah.org) signed the document on Chrome via Windows from 168.235.1.4.
09/25/2020 11:59 EDT	Rajaram Poludasu, M.D. (rajaram.poludasu@aah.org) authenticated via email on Chrome via Windows from 168.235.1.4.
09/25/2020 11:59 EDT	Rajaram Poludasu, M.D. (rajaram.poludasu@aah.org) viewed the document on Chrome via Windows from 54.221.150.104.
09/25/2020 11:59 EDT	Rajaram Poludasu, M.D. (rajaram.poludasu@aah.org) viewed the document on Chrome via Windows from 168.235.1.4.
09/25/2020 09:24 EDT	Rajaram Poludasu, M.D. (rajaram.poludasu@aah.org) was emailed a link to sign.
09/25/2020 09:24 EDT	Steven Walter, M.D. (swalter@corscanplus.com) created document 'corscanpreceptorletter.pdf' from 198.46.87.52.

From: [Joseph Seamon](#)
To: [Torres, Roberto](#)
Cc: ["Amber Scott"](#)
Subject: [External_Sender] FW: NRC License 49-01380-01
Date: Wednesday, November 10, 2021 3:14:50 PM
Attachments: [August 31st please add Dr Rifai.pdf](#)
[3826_corscan_preceptorForm_signed Rifai \(3\).pdf](#)

Mr. Torres,

Here is a copy of the initial request regarding Dr. Rifai. If it turns out that the 'Corscan-preceptorForm' is not an acceptable substitute for a 313(AUD) would you please let me know right away.

Respectfully,

J. Michael Seamon, M.S., DABR
Cheyenne Regional Medical Center R.S.O.

From: Joseph Seamon <jmseamon1@mindspring.com>
Sent: Wednesday, November 10, 2021 2:10 PM
To: Carol Hill (carol.hill@nrc.gov) <carol.hill@nrc.gov>
Cc: 'Amber Scott' <amber.scott@crmcwy.org>
Subject: FW: NRC License 49-01380-01

Ms. Hill,

I am resending this by Roberto Torres request. Please note this was initially sent 8-31-2021.

Respectfully,

J. Michael Seamon, M.S., DABR
Cheyenne Regional Medical Center R.S.O.

From: Joseph Seamon <jmseamon1@mindspring.com>
Sent: Tuesday, August 31, 2021 9:47 PM
To: 'Hanson, Latischa' <Latischa.Hanson@nrc.gov>
Subject: NRC License 49-01380-01

Hello Ms. Hanson,

Would you please review this request to add Dr. Rifai to our Radioactive Materials License, NRC 49-01380-01. Previously I have not attempted to add a physician in this manner. Would you please look at the attached documents and let me know if this is an acceptable approach and if the attached documents will be sufficient to allow you to grant this request.

Thank you,

J. Michael Seamon, M.S., DABR, RSO
Cheyenne Regional Medical Center
214 East 23rd Street
Cheyenne, WY 82001

From: [Torres, Roberto](#)
To: [Joseph Seamon](#)
Cc: ["Amber Scott"](#)
Subject: RE: FW: NRC License 49-01380-01
Date: Wednesday, November 10, 2021 3:20:00 PM
Attachments: [NRC313A\(AUD\) Revised.pdf](#)

Mr. Seamon:

The Corscan preceptor form has information that fits in NRC Form 313A but it does not have other information that is needed. Please complete the attached Form 313A(AUD).

Alternative to Form 313A:

If Dr. Rifai is listed as a 35.100 and 35.200 authorized user in an Agreement State license then please send copy of such license and this will simplify the approval process.

From: Joseph Seamon <jmseamon1@mindspring.com>
Sent: Wednesday, November 10, 2021 3:15 PM
To: Torres, Roberto <RobertoJ.Torres@nrc.gov>
Cc: 'Amber Scott' <amber.scott@crmcwy.org>
Subject: [External_Sender] FW: NRC License 49-01380-01

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Subject: NRC License 49-01380-01

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